				SION OF HEA	LTH - STAND	ARD CER	TIFICATE O	F DEATH	1.7			•	
DO NOT WRITE		AMENDED		C HEALTH AND WE Registration District No. —	2.0 1963 Prim	ary Registration [District No	Registrar's No.	3430	163 ²⁴	046	308	, , , , , , , , , , , , , , , , , , ,
ON THIS STUB					2 0 1000 7			2. USUAL RESIDE	ME Miles das	المعادة المعادة	netitution. I	logidaga b	
vs 300	🔛	1		1. PLACE OF DEATH a. COUNTY St.	Louis.				ouri brco	UNTY	ouis.	oiesímbe	
Rev. 4/59	AMENDED	1 1 1	-	b. CITY (If outside cor	rporate limits, give TOWNS	HIP only)	Length of stay in 1b	c. CITY				Inside Lin	nits
		1		IOWN	avton.		2 Hours.	OR TOWN Te	nnings			Yes 🔲 N	• 🗆
14002	_	1 1 1		c. FULL NAME OF (If	NOT in hospital, give locat	ian)	Inside Limits	il d STREET	(if	outside, give loca	stion)	Reside on	farm
24000	DATE		11-	HOSPITAL OR INSTITUTION ST	t. Louis Cour	ty Hospit	Yes No 🗆	ADDRESS 71	30 Theod	ore Avem	<u>10.</u>	Yes 🖸 N	3 D
3	741-	1-1-1	7 I -	3. NAME OF DECEASED	First .	M	iddle	Last	4. DATE	Month	Day	Yes	<u>г</u>
	\dashv	111		(Type or print)	HARRY			COLLER.		November	9	196	
<u>, </u>	_}	111		5. SEX	6. COLOR OR RACE	7. Married 🗆	Never Married	8. DATE OF BIRTH	9. AGE (last b	oirthday) IF UND	ER 1 YEAR	Hours	24 HR Min.
5		1] [_	<u>male</u>	white	Widowed [Divorced [1-3-1947	16				
	ا ۱۰		i B		(Give kind of work done ng life, even if retired)	10b. KIND OF B	JSINESS OR INDUSTR	Y 1). BIRTHPLACE	City and state or	EDUNITY) 12. C	ITIZEN OF V	VHAT COUN	ITRY
6	_ §	111		Stude				Sturgi	s. Michi	gan	U.S.A		
7	-[일			I3a. FATHER'S NAME		13b. MO	THER'S MAIDEN NAM	E	14. N	AME OF HUSBANI	D OR WIFE		
8 2	-[요]		₋	Rev.	Edu Vin Coll	er.	Flizabet	h Joyce Cal	dwell,	Address			
<u></u>	- &	1 1			yes, give war or dates of]					
. 9 X_	ᆜᇣᆝ		_	I IR CAINE DE DEATH	(Enter only one cause per	line for (a), (b), d	ne.	Rev. Edt	. Wm. Co	ller, 7 0	30 The	edere	#FN
10	◄		교	PART I.	DEATH WAS CAUSED BY:						ON	SET AND D	EATH
	윤 뉴		DOCUMENT		IMMEDIATE CAUSE (a)	Mult:	<u>iple inju</u>	<u>ries </u>	::				
11 138	RECORT EAD OF	[ΙŽ								·		
12452	₩ [ὧ		۵		ons, if any, DUE TO (b)							
نوتر (ل ١٠٠٠	FISI		i I	above o	ave rise to cause (a),								
13	<u> </u>	+++			the under- ause last. DUE TO (c)					\longrightarrow		
		1 1 1	~	lying ca						_			o was O days.
	- N		~ 2	1	OTHER SIGNIFICANT Co	ONDITIONS CON	TRIBUTING TO DEAT	H but not related to	the terminal	PART III. If	deceased s	was female cy in last 9	
	- N		200	1	OTHER SIGNIFICANT Condition given I	ONDITIONS CON PART I (a)	TRIBUTING TO DEAT	H but not related to	the terminal	PART III. If ther	e a pregnan	cy in last 9	nknown
	- N		ACITA CIST	1	disease condition given to 20e. ACCIDENT SUICIDE	HOMICIDE		H but not related to		ther	e a pregnan (es D	cy in lest 9	
	- N			PART II. 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \(\text{SQ} \)	disease condition given I	n PART I (a)	20b. DESCRIBE HO). (Enter nature of	ther	e a pregnan (es D	cy in lest 9	
z	- N			PART II. 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \(\text{SQ} \)	20a. ACCIDENT SUICID	HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED). (Enter nature of	ther	e a pregnan (es D	cy in lest 9	
				PART II. 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \(\text{SQ} \)	20a. ACCIDENT SUICID	HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED). (Enter nature of	ther	e a pregnan (es D	cy in lest 9 lo U	
INK	- N		MOITAN INTERNATIONAL MAINTAN	19. WAS AUTOPSY PERFORMED? YES NO IN 180 P.m. 20c. TIME OF Hour 7 N-9URY 2000.	20a. ACCIDENT SUICIDING 11/9/63	HOMICIDE	206. DESCRIBE HO Pedestr	W INJURY OCCURRED	ek by ca	ther	e a pregnan /es	cy in lest 9 lo Ul of item 18.)	
K INK RIBBON	- N			19. WAS AUTOPSY PERFORMED? YES NO IN 180 120 120 120 120 120 120 120 120 120 12	20a. ACCIDENT SUICIDING 11/9/63	HOMICIDE	206. DESCRIBE HO Pedestr	w INJURY OCCURRED ian struc	ck by ca	ther	e a pregnan /es	cy in lest 9 lo U	
<u> </u>	AMENDMENTS ON 1			19. WAS AUTOPSY PERFORMED? YES NO ED 200. TIME OF Hour 7. JUNE 200. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	20e. ACCIDENT SUICIDING 1 1 1 9 6 3 ED 20e. PLACE Farre, 6 PU D.	HOMICIDE	206. DESCRIBE HO Pedestr	w INJURY OCCURRED ian struc 20f. CITY, TOWN, OI Jennings	ek by ca R LOCATION St. I	ther PART 1	e a pregnan /es	cy in lest 9 lo Ul of item 18.)	
<u> </u>	AMENDMENTS ON 1			19. WAS AUTOPSY PERFORMED? YES NO DO	20a. ACCIDENT SUICIDIO 11/9/63 20a. PLACE farm, for pub.	OF INJURY (e.g., petpry, street, off	in or about home, ice bidgs, etc.)	w MUURY OCCURRED ian struc zof. city, town, of Jennings	C. (Enter nature of the by carried of the by carried of the beautiful of t	COUIS	e a pregnan (es	cy in lest 9 lo U of item 18.) ST.	
<u> </u>	AMENDMENTS ON 1		MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO 30 20c. TIME OF Hour 7 INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT V	20a. ACCIDENT SUICIDENT SU	OF INJURY (e.g., of LIC Str	in or about home, ice bidgs, etc.)	w INJURY OCCURRED ian struct 204. CITY, TOWN, OR Jennings ed date stated above,	C. (Enter nature of the by carried of the by carried of the beautiful of t	COUIS	e a pregnan (es	cy in lest 9 lo U of item 18.) STA SOUTI	ATE
<u> </u>	AMENDMENTS ON 1		OF	19. WAS AUTOPSY PERFORMED? YES NO DO	20a. ACCIDENT SUICIDENT SU	OF INJURY (e.g., petpry, street, off	in or about home, ice bidgs, etc.)	w MUURY OCCURRED ian struc zof. city, town, of Jennings	St. I d last sew him al and to the best o	COUIS ive on f my knowledge,	e a pregnan (es	cy in last 9 lo U of item 18.) ST. SOUTI Uses stated. 22c. DATE	ATE
BLACK OR RITER	AMENDMENTS ON 1		VIT OF	19. WAS AUTOPSY PERFORMED? YES NO DO 20c. TIME OF Hour 7 INJURY OCCURRE WHILE AT WORK NOT WHILE AT V 21. I attended the det Doath occurred at	20a. ACCIDENT SUICIDENT SU	OF INJURY (e.g., off LTC Str	in or about home, ice bidgs, etc.)	w INJURY OCCURRED ian struct 20f. CITY, TOWN, OF Jennings en e date stated above, 22b. ADDRESS Clayton,	C. (Enter nature of the by care to carried to the best of the best of the care to the care to the care to the best of the best	COUIS ive on f my knowledge,	e a pregnam (es	cy in last 9 lo U of item 18.) ST. SOUTI Uses stated. 22c. DATE	ATE
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<u> </u>	AMENDMENTS ON 1		Y AFFIDAVIT OF	19. WAS AUTOPSY PERFORMED? YES NO DO 20c. TIME OF HOUR 7 NAME OF HOUR 7 NAME OF HOUR 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT V 21. I attended the dec Death occurred at 22e. SIGNATURE 23e. BURIAL, CREMATION, REMOVAL (Special REMOVAL (Special REMOVAL) REMOVAL (SPECIAL REMOVAL)	20a. ACCIDENT SUICIDENT SU	OF INJURY (e.g., street, off LTC STT	in or about home, ice bldgs, etc.) Coroner OF CEMETERY OR CRI	w INJURY OCCURRED ian struct 20f. CITY, TOWN, OF Jennings en en date stated above, 22b. ADDRESS Clayton,	C. (Enter nature of the by case to CATION St. I dest sew her him all and to the best of Missou 23d. Location (COUIS ive on f my knowledge, Iri (City, town, or co	e a pregnant (es	sy in last 9 lo U of item 18.) ST. SOURI Uses stated. 22c. DATE 11/15 (State)	ATE

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or by_	<u> </u>	, Student Embalmer No
working	under my personal supervision.	
Student_		Signed Colphia Te Lundere
	Signature of Student Embalmer	9
.411	ರಿಕ್ಟೇಟ್ ಎಂದು ಬ್ರಾಹಿಸಿಗಳು	Licensed Embalmer No. 427
		P.O. Address At Jacin Mo-
with the	Note: The above MUST BE SIGNED, BY THE LI e above constitutes grounds for revocation of licer of embalmed by a STUDENT, he also shall sign in	· · · · ·
	f this body is not embalmed, fact should be so st	

Buckhelz fortuary, 5967 ii. Morissent, Ave.